

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5/7432

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1									51					
2									52					
3									53					
4									54					
5									55					
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46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.		↓	↓	↓		↓			TOTAL IND.		↓	↓	↓	
TOTAL DEP.		←	15	←		←			TOTAL DEP.		←	←	←	
TOTAL CLAIMS			16						TOTAL CLAIMS					